

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: MH
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MH

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 252,495

A.Preventive and primary care for children:

\$ 75,749 (30%)

B.Children with special health care needs:

\$ 75,749 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 25,249 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 189,372

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 175,745

\$ 189,372

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 441,867

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 50,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 641,349

j. Education: \$ 0

k. Other: \$ 0

30+FP \$ 297,375

CSAP \$ 100,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 1,088,724

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,530,591

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MH

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 1,173,024	\$ 1,173,024	\$ 1,173,024	\$ 1,173,024	\$ 1,173,024	\$ 1,173,024
9. Total (Line11, Form 2)	\$ 1,614,891	\$ 1,614,891	\$ 1,614,891	\$ 1,614,891	\$ 1,614,891	\$ 1,614,891
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MH

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 252,495	\$ 252,495	\$ 252,495	\$	\$ 252,495	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 189,372	\$ 189,372	\$ 189,372	\$	\$ 189,372	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 1,088,724	\$ 1,088,724	\$ 1,088,724	\$	\$ 1,088,724	\$
9. Total <i>(Line11, Form 2)</i>	\$ 1,530,591	\$ 1,530,591	\$ 1,530,591	\$ 0	\$ 1,530,591	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3
None
FIELD LEVEL NOTES
None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MH

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907
b. Infants < 1 year old	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811
d. Children with Special Healthcare Needs	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250
g. SUBTOTAL	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 84,300		\$ 84,300		\$ 84,300	
c. CISS	\$ 50,000		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 641,349		\$ 641,349		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
330 + FP	\$ 297,375		\$ 297,375		\$ 297,375	
CSAP	\$ 100,000		\$ 100,000		\$ 100,000	
III. SUBTOTAL	\$ 1,173,024		\$ 1,173,024		\$ 1,173,024	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MH

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 108,907	\$ 108,907	\$ 108,907		\$ 108,907	
b. Infants < 1 year old	\$ 86,274	\$ 86,274	\$ 86,274		\$ 86,274	
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811		\$ 141,811	
d. Children with Special Healthcare Needs	\$ 79,625	\$ 79,625	\$ 79,625		\$ 79,625	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 25,250	\$ 25,250	\$ 25,250		\$ 25,250	
g. SUBTOTAL	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 50,000		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 641,349		\$ 641,349		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
30+FP	\$ 0		\$ 0		\$ 297,375	
CSAP	\$ 100,000		\$ 100,000		\$ 100,000	
330+FP	\$ 0		\$ 297,375		\$ 0	
330 + FP	\$ 297,375		\$ 0		\$ 0	
III. SUBTOTAL	\$ 1,088,724		\$ 1,088,724		\$ 1,088,724	

FORM NOTES FOR FORM 4
None
FIELD LEVEL NOTES
None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MH

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MH

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 123,973	\$ 123,973	\$ 123,973	\$	\$ 123,973	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 90,000	\$ 90,000	\$ 90,000	\$	\$ 90,000	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,250	\$ 125,250	\$ 125,250	\$	\$ 125,250	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 102,644	\$ 102,644	\$ 102,644	\$	\$ 102,644	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: MH						
Total Births by Occurrence: 1,526				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
N/A	1,526		0	0	0	
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2010
Field Note:
RMI does not perform this test/not available.
2. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2010
Field Note:
Not applicable. RMI does not perform this test.
3. **Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2010
Field Note:
Not applicable to the RMI/does not perform the test.
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2010
Field Note:
Not applicable to the RMI.
5. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2010
Field Note:
Not applicable to the RMI since the test is not available.
6. **Section Number:** Form6_Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2010
Field Note:
No applicable to the RMI.
7. **Section Number:** Form6_Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2010
Field Note:
Not applicable to the RMI.
8. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2010
Field Note:
Not applicable to the RMI since the test is not available at this time.
9. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2010
Field Note:
Not applicable to the RMI.
10. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2010
Field Note:
Not applicable to the RMI.
11. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2010
Field Note:
Not applicable to the RMI.
12. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2010

Field Note:

Not applicable to the RMI.

13. **Section Number:** Form6_Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2010

Field Note:

Not applicable to the RMI.

14. **Section Number:** Form6_Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2010

Field Note:

Not applicable to the RMI.

15. **Section Number:** Form6_Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2010

Field Note:

Not applicable to the RMI.

16. **Section Number:** Form6_Main

Field Name: SickleCellDisease_TreatmentNo

Row Name: SickleCellDisease

Column Name: Needing treatment that received treatment

Year: 2010

Field Note:

Not applicabl to the RMI.

17. **Section Number:** Form6_Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2010

Field Note:

Not applicable to the RMI since the test is not available.

18. **Section Number:** Form6_Screening Programs for Older Children and Women

Field Name: OtherWomen

Row Name: All Rows

Column Name: All Columns

Year: 2010

Field Note:

Not applicabl to the RMI.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MH

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,526	0.0	0.0	0.0	0.0	0.0
Infants < 1 year old	1,526	0.0	0.0	0.0	0.0	0.0
Children 1 to 22 years old	26,632	0.0	0.0	0.0	0.0	0.0
Children with Special Healthcare Needs	261	0.0	0.0	0.0	0.0	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
TOTAL	29,945					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2010
Field Note:
This is the total of pregnant women Title V served for the year.
2. **Section Number:** Form7_Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2010
Field Note:
Not applicable to the RMI since RMI is not eligible for Title XIX.
3. **Section Number:** Form7_Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2010
Field Note:
RMI does not eligible for Title XXI.
4. **Section Number:** Form7_Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2010
Field Note:
No applicable to the RMI.
5. **Section Number:** Form7_Main
Field Name: PregWomen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2010
Field Note:
Not applicable to the RMI.
6. **Section Number:** Form7_Main
Field Name: PregWomen_Unknown
Row Name: Pregnant Women
Column Name: Unknown %
Year: 2010
Field Note:
Not applicable to the RMI.
7. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2010
Field Note:
The data reported here is based on Title V served.
8. **Section Number:** Form7_Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2010
Field Note:
RMI is not eligible for Title XIX.
9. **Section Number:** Form7_Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2010
Field Note:
RMI is not eligible for Title XXI.
10. **Section Number:** Form7_Main
Field Name: Children_0_1_Private
Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2010
Field Note:
Not applicable to the RMI.
11. **Section Number:** Form7_Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2010
Field Note:
Not applicable to the RMI.
12. **Section Number:** Form7_Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age

- Column Name:** Unknown %
Year: 2010
Field Note:
Not applicable to the RMI.
13. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Data for 2008 is derived from the projected population. Projected population was calculated in groups of 5 by Economic Policy, Planning, and Statistics Office. For ages 0-20, the projected population is 28,158. The livebirth for 2008 is 1526. Deducting the livebirth will give us 26,632 for ages 1-20.
14. **Section Number:** Form7_Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2010
Field Note:
RMI does not eligible for Title XIX.
15. **Section Number:** Form7_Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2010
Field Note:
RMI is not eligible for Title XXI.
16. **Section Number:** Form7_Main
Field Name: Children_1_22_Private
Row Name: Children 1 to 22 years of age
Column Name: Private/Other %
Year: 2010
Field Note:
Not applicable to the RMI.
17. **Section Number:** Form7_Main
Field Name: Children_1_22_None
Row Name: Children 1 to 22 years of age
Column Name: None %
Year: 2010
Field Note:
Not applicable to the RMI.
18. **Section Number:** Form7_Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2010
Field Note:
Not applicable to the RMI.
19. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2010
Field Note:
The data reported here is based on Title V.
20. **Section Number:** Form7_Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2010
Field Note:
RMI is not eligible for Title XIX.
21. **Section Number:** Form7_Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2010
Field Note:
RMI is not eligible for Title XXI.
22. **Section Number:** Form7_Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2010
Field Note:
Not applicable to the RMI.
23. **Section Number:** Form7_Main
Field Name: CSHCN_None
Row Name: Children with Special Health Care Needs
Column Name: None %
Year: 2010
Field Note:
Not applicable to the RMI.
24. **Section Number:** Form7_Main
Field Name: CSHCN_Unknown

Row Name: Children with Special Health Care Needs

Column Name: Unknown %

Year: 2010

Field Note:

Not applicable to the RMI.

25. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
None for other.
26. **Section Number:** Form7_Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2010
Field Note:
RMI is not eligible for Title XIX.
27. **Section Number:** Form7_Main
Field Name: AllOthers_XXI
Row Name: Others
Column Name: Title XXI %
Year: 2010
Field Note:
RMI is not eligible for Title XXI.
28. **Section Number:** Form7_Main
Field Name: AllOthers_Private
Row Name: Others
Column Name: Private/Other %
Year: 2010
Field Note:
Not applicable to the RMI.
29. **Section Number:** Form7_Main
Field Name: AllOthers_None
Row Name: Others
Column Name: None %
Year: 2010
Field Note:
Not applicable to the RMI.
30. **Section Number:** Form7_Main
Field Name: AllOthers_Unknown
Row Name: Others
Column Name: Unknown %
Year: 2010
Field Note:
RMI does not applicable to the RMI.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MH

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,526	3	0	0	10	1,484	29	0
Title V Served	1,526	3	0	0	10	1,484	29	0
Eligible for Title XIX	1,484	0	0	0	0	1,484	0	0
INFANTS								
Total Infants in State	1,526	3	0	0	10	1,484	29	0
Title V Served	1,526	3	0	0	10	1,484	29	0
Eligible for Title XIX	1,484	0	0	0	0	1,484	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,526	0	0	0	0	0	0	0
Title V Served	1,526	0	0	0	0	0	0	0
Eligible for Title XIX	1,526	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	1,526	0	0	0	0	0	0	0
Title V Served	1,526	0	0	0	0	0	0	0
Eligible for Title XIX	1,526	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2010
Field Note:
All races.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2010
Field Note:
Not applicable.
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Black
Row Name: Total Deliveries in State
Column Name: Black or African American
Year: 2010
Field Note:
Not applicable.
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Indian
Row Name: Total Deliveries in State
Column Name: American Indian or Native American
Year: 2010
Field Note:
Not applicable.
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2010
Field Note:
Not applicable.
6. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total number of all deliveries in State.
7. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_More
Row Name: Total Deliveries in State
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Not applicable.
8. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2010
Field Note:
Not applicable.
9. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
All Title V served.
10. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2010
Field Note:
There was none.
11. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2010
Field Note:
Not applicable.
12. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Indian
Row Name: Title V Served

- Column Name:** American Indian or Native American
Year: 2010
Field Note:
Not applicable.
13. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2010
Field Note:
Not applicable.
14. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total of all Title V served.
15. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Not applicable.
16. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
Not applicable.
17. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
Not applicable to the RMI since RMI is not eligible for Title XIX.
18. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2010
Field Note:
Not applicable.
19. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2010
Field Note:
Not applicable.
20. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2010
Field Note:
Not applicable.
21. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2010
Field Note:
Not applicable.
22. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
RMI does not eligible.
23. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Not applicable.
24. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2010

Field Note:

Not applicable.

25. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2010

Field Note:

Total all races.

26. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_White

Row Name: Total Infants in State

Column Name: White

Year: 2010

Field Note:

Not applicable.

27. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_Black

Row Name: Total Infants in State

Column Name: Black or African American

Year: 2010

Field Note:

Not applicable.

28. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_Indian

Row Name: Total Infants in State

Column Name: American Indian or Native American

Year: 2010

Field Note:

Not applicable.

29. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_Asian

Row Name: Total Infants in State

Column Name: Asian

Year: 2010

Field Note:

Not applicable.

30. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_Hawaiian

Row Name: Total Infants in State

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2010

Field Note:

Total infants in State.

31. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_More

Row Name: Total Infants in State

Column Name: More Than One Race Reported

Year: 2010

Field Note:

Not applicable.

32. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_RaceOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2010

Field Note:

Not applicable.

33. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2010

Field Note:

Total number of all races.

34. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_White

Row Name: Title V Served

Column Name: White

Year: 2010

Field Note:

Not applicable.

35. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_Black

Row Name: Title V Served

Column Name: Black or African American

Year: 2010

Field Note:

Not applicable.

36. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_Indian

Row Name: Title V Served

- Column Name:** American Indian or Native American
Year: 2010
Field Note:
Not applicable.
37. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2010
Field Note:
Not applicable.
38. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
Total number of Title V served.
39. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Not applicable.
40. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
Not applicable.
41. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
RMI does not iligible for Title XIX.
42. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2010
Field Note:
Not applicable.
43. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2010
Field Note:
Not applicable.
44. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2010
Field Note:
Not applicable.
45. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2010
Field Note:
Not applicable.
46. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2010
Field Note:
No applicable.
47. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2010
Field Note:
Not applicable.
48. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_RaceOther
Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2010

Field Note:

Not applicable.

49. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalNotHispanic

Row Name: Total Deliveries in State

Column Name: Total Not Hispanic or Latino

Year: 2010

Field Note:

Title V served.

50. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalHispanic

Row Name: Total Deliveries in State

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Not applicable.

51. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_NotReported

Row Name: Total Deliveries in State

Column Name: Ethnicity Not Reported

Year: 2010

Field Note:

Not applicable.

52. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_Mexican

Row Name: Total Deliveries in State

Column Name: Mexican

Year: 2010

Field Note:

Not applicable.

53. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_Cuban

Row Name: Total Deliveries in State

Column Name: Cuban

Year: 2010

Field Note:

Not applicable.

54. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_PuertoRican

Row Name: Total Deliveries in State

Column Name: Puerto Rican

Year: 2010

Field Note:

Not applicable.

55. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_CentralAmerican

Row Name: Total Deliveries in State

Column Name: Central and South American

Year: 2010

Field Note:

Not applicable.

56. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_EthnicityOther

Row Name: Total Deliveries in State

Column Name: Other and Unknown

Year: 2010

Field Note:

Not applicable.

57. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2010

Field Note:

Title V served.

58. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Not applicable.

59. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_NotReported

Row Name: Title V Served

Column Name: Ethnicity Not Reported

Year: 2010

Field Note:

Not applicable.

60. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_Mexican

Row Name: Title V Served

- Column Name:** Mexican
Year: 2010
Field Note:
No applicable.
61. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2010
Field Note:
Not applicable.
62. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2010
Field Note:
Not applicable.
63. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2010
Field Note:
Not applicable.
64. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
Not applicable.
65. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Not applicable.
66. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Not applicable.
67. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2010
Field Note:
No applicable.
68. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2010
Field Note:
Not applicable.
69. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2010
Field Note:
Not applicable.
70. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2010
Field Note:
Not applicable.
71. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2010
Field Note:
Not applicable.
72. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX

- Column Name:** Other and Unknown
Year: 2010
Field Note:
Not applicable.
73. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Data reported here is based on Title V served.
74. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Not applicable.
75. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2010
Field Note:
Not applicable.
76. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2010
Field Note:
Not applicable.
77. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2010
Field Note:
Not applicable.
78. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2010
Field Note:
Not applicable.
79. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2010
Field Note:
Not applicable.
80. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2010
Field Note:
Not applicable.
81. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Data reported here is based on Title V served.
82. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Not applicable.
83. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2010
Field Note:
Not applicable.
84. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served

- Column Name:** Mexican
Year: 2010
Field Note:
Not applicable.
85. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2010
Field Note:
Not applicable.
86. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2010
Field Note:
No applicable.
87. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2010
Field Note:
Not applicable.
88. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2010
Field Note:
Not applicable.
89. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2010
Field Note:
Not applicable.
90. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Not applicable.
91. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2010
Field Note:
Not applicable.
92. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2010
Field Note:
Not applicable.
93. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2010
Field Note:
Not applicable.
94. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2010
Field Note:
Not applicable.
95. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2010
Field Note:
Not applicable.
96. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX

Column Name: Other and Unknown
Year: 2010
Field Note:
Not applicable.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MH

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(692) 625-7588/455-8334	(692) 625-6941/4556941	(692) 625-6941/455-6941	(692) 625-6941	
2. State MCH Toll-Free "Hotline" Name	Hellen Jetnil-David	Hellen Jetnil	Hellen Jetnil	Hellen Jetnil	
3. Name of Contact Person for State MCH "Hotline"	Hellen Jetnil-David	Hellen Jetnil	Hellen Jetnil	Hellen Jetnil	
4. Contact Person's Telephone Number	Hellen Jetnil-David	Hellen Jetnil	Hellen Jetnil	Hellen Jetnil	
5. Contact Person's Email	davidh@ntamar.net				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MH

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2010
Field Note:
Changed of contact numbers.
2. **Section Number:** Form9_Main
Field Name: hname_2
Row Name: State MCH toll-free hotline name
Column Name: FY
Year: 2010
Field Note:
Same contact person.
3. **Section Number:** Form9_Main
Field Name: cname_2
Row Name: Name of contact person for state MCH hotline
Column Name: FY
Year: 2010
Field Note:
Same.
4. **Section Number:** Form9_Main
Field Name: cnumber_2
Row Name: Contact Person's telephone number
Column Name: FY
Year: 2010
Field Note:
Same phone numbers as appear above.
5. **Section Number:** Form9_Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2008
Field Note:
Hotline is not available in the RMI.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: MH

1. State MCH Administration:
(max 2500 characters)

The Constitution of the Marshall Islands designates the Ministry of Health (MOH) as the "state" agency. The MOH is the only legislatively authorized agency that provides health care to the people of the Marshall Islands.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 252,495
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 189,372
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 441,867

9. Most significant providers receiving MCH funds:

1 OB/GYN, 1 CNM, 2 Staff Nurse

Dental Assistant, 2 Health Educators

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,526
b. Infants < 1 year old	1,526
c. Children 1 to 22 years old	26,632
d. CSHCN	261
e. Others	0

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct medical care and enabling services include clinical prenatal care and pap smears performed on pregnant women and of child bearing age women. In addition, STDs Testing (HIV/AIDS, GC, Syphilis, Chlamydia) and immunization (MMR, Hep.B., TOPV, DPT) are also made available through the public health division that administers these programs. These are also medical and surgical services available for children with special health care needs (CSHCN).

b. Population-Based Services:
(max 2500 characters)

In keeping with the Ministry of Health's shift to focus from curative to primary care, there has been renewed efforts to re-establish and strengthen population-based services. As a result, community public health outreach programs, such as health education/awareness programs (in collaboration with Youth to Youth in Health) have been organized and implemented, and coordinated with other agencies, such as the Ministry of Education, Youth groups, Church Groups, and Women's groups. Services in immunization, Dental care, and the Diabetic Reversal program have been in these programs.

c. Infrastructure Building Services:
(max 2500 characters)

The Ministry has implemented a national data-base to centralize the health and health-related data being composed of five modular vertical programs in the ministry. The Ministry Information System (HMS), and finance, and per-medical records, epidemiology and biostatistics, referrals, Benefits, Monitoring and Evaluation (ME), and finance, and personnel. The Ministry expected that combined with the renewed emphasis on data management, the HMIS will assist in improving the ministry data collection, dissemination, analysis, and reporting capabilities. This improving will directly benefit the MCH and CSHCN population.

12. The primary Title V Program contact person:

Name	Justina R. Langidrik, MPH
Title	Secretary of Health
Address	P.O. Box 16
City	Majuro
State	Marshall Islands
Zip	96960
Phone	(692) 625-5660/7246
Fax	692) 625-3432

13. The children with special health care needs (CSHCN) contact person:

Name	Hellen Jetnil-David
Title	Director, MCH/CSHCN Program
Address	P.O. Box 16
City	Majuro
State	Marshall Islands
Zip	96960
Phone	692-625-6941/455-8334
Fax	692-625-3432

Email jusmohe@ntamar.net

Web

Email davidh@ntamar.net

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MH

Form Level Notes for Form 11

Not applicable to the RMI since not newborn screening mandated by the Statsponsored newborn.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10</u>
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,512</u>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>
Data Source					Medical Record.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
	Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	<u>15</u>	<u>20</u>	<u>25</u>	<u>30</u>	<u>35</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 We don't have a newborn screening in place this year.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 RMI don't have newborn screening in placed.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2006
Field Note:
 RMI don't have newborn screening in placed.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>100</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>90.8</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>361</u>	<u>395</u>	<u>395</u>	<u>445</u>	<u>461</u>
Denominator	<u>361</u>	<u>395</u>	<u>435</u>	<u>445</u>	<u>461</u>
Data Source					MCH program survey.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Program short Survey.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is being by evaluating with short survey asking parents or caretaker is they are satisfied at what level.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	361	395	435	445	461
Denominator	361	395	435	445	461
Data Source					MCH program survey.
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Results from program survey.

2. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Result from Program survey with questions.

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	86	90	95	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	361	395	435	445	461
Denominator	361	395	435	445	461
Data Source					MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Results from program short survey.

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Results from program survey/evaluation.

3. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	85	90	95	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	361	395	435	445	461
Denominator	361	395	435	445	461
Data Source					MCH program survey.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

CSHCN survey.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

CSHCN survey.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	91	91	93
Annual Indicator	77.6	83.5	94.3	54.2	60.7
Numerator	280	330	410	241	280
Denominator	361	395	435	445	461

Data Source

MCH program survey.

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	95	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	90	60	65	73	95
Annual Indicator	49.5	61.0	72.0	82.0	88.1
Numerator	1,435	925	1,152	1,649	1,728
Denominator	2,899	1,516	1,600	2,010	1,961

Data Source

Immunization
Logbook

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	125	100	100	100	95
Annual Indicator	167.3	47.4	33.8	44.9	39.5
Numerator	253	93	71	92	79
Denominator	1,512	1,961	2,100	2,050	2,000

Data Source

Health Planning.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	46	46	46	46	46

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,083.

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,189.

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,304.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	70	80	80	85	90
Annual Indicator	87.1	77.9	82.6	64.2	85.3
Numerator	1,842	1,643	1,743	1,355	1,800
Denominator	2,115	2,110	2,110	2,110	2,110

Data Source

MOH

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	9	9	8
Annual Indicator	15.3	13.6	4.7	18.5	9.2
Numerator	5	3	1	4	2
Denominator	32,654	22,128	21,361	21,597	21,839

Data Source

Medical Record.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Yes

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			70	75	98
Annual Indicator		99.5	97.1	91.9	93.1
Numerator		1,093	2,009	1,644	1,608
Denominator		1,099	2,069	1,788	1,727
Data Source					Nutrition Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	20	25	30	35
Annual Indicator	11.4	16.1	0.0	0.0	0.0
Numerator	172	261	0	0	0
Denominator	1,512	1,625	1,579	1,591	1,526

Data Source

Medical Record.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Yes

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	35	40	45	50	55

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

RMI don't have newborn screening test.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

RMI don't have newborn screening test.

3. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

RMI don't have newborn screening test.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	100	100
Annual Indicator	0.0	100.0	2.0	2.0	2.0
Numerator	0	22,128	500	500	500
Denominator	32,654	22,128	25,100	25,050	25,000
Data Source					Health Planning.

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Number of children whose age is less than 18 years old is estimated based on population for ages 0-19 years old. EPPSO, our planning and statistics office, can't give us specific data per age.

- 2.
- Section Number:**
- Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Number of children whose age is less than 18 years old is estimated based on population for ages 0-19 years old. EPPSO, our planning and statistics office, can't give us specific data per age.

- 3.
- Section Number:**
- Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Number of children whose age is less than 18 years old is estimated based on population for ages 0-19 years old. EPPSO, our planning and statistics office, can't give us specific data per age.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			0	10	15
Annual Indicator		0.0	4.2	0.0	0.0
Numerator		0	250	0	0
Denominator		5,993	5,993	5,993	5,993
Data Source					Health Planning.
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					Yes
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

RMI don't have WIC services.

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

RMI don't have WIC services.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective				100	2
Annual Indicator			2.5	2.5	2.6
Numerator			40	40	40
Denominator			1,578	1,591	1,526
Data Source					Medical Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	15	9	9	8	200
Annual Indicator	133.3	46.8	29.3	15.2	31.7
Numerator	10	3	2	1	2
Denominator	7,501	6,409	6,837	6,568	6,319

Data Source

Health Planning.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Yes

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	1
Annual Indicator	0.9	0.6	0.0	0.0	0.0
Numerator	13	10	0	0	0
Denominator	1,512	1,650	14	12	18

Data Source

Health Planning.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	62	45	50	55	80
Annual Indicator	21.5	18.7	98.5	79.9	70.5
Numerator	325	309	1,555	1,272	1,076
Denominator	1,512	1,650	1,578	1,591	1,526

Data Source

Health Planning.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	75	80	85	90	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 1

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	100
Annual Indicator	100.0	92.1	98.5	79.9	70.5
Numerator	1,584	1,520	1,555	1,272	1,076
Denominator	1,584	1,650	1,578	1,591	1,526
Data Source					RH Clinics
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	75	80	85	90	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2

The birth rate(per 1,000) for teenagers age 15-17

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			20	15	10
Annual Indicator	30.3	47.4	33.8	44.9	39.3
Numerator	253	93	71	92	79
Denominator	8,363	1,961	2,100	2,050	2,010
Data Source					Health Planning.
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	40	40	38	38	36
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,083.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,189.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Denominator is estimated based on the 15-19 years old population from Economic Policy, Planning, and Statistics Office (EPPSO). EPPSO don't have single age population. Population for 15-19 years old is 3,304.

STATE PERFORMANCE MEASURE # 3

The Percentage of pregnant women who receive prenatal care during the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective				70	73
Annual Indicator		18.7	98.5	79.9	70.5
Numerator		309	1,555	1,272	1,076
Denominator		1,650	1,578	1,591	1,526
Data Source					Health Planning.
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>75</u>	<u>80</u>	<u>85</u>	<u>90</u>	<u>95</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	95	90
Annual Indicator	25.4	12.8	9.1	15.4	13.1
Numerator	298	145	144	245	200
Denominator	1,175	1,136	1,578	1,591	1,526
Data Source					Health Planning.
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	85	80	80	80	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2007

Field Note:

There is different notice in data here since it is focused only on Majuro clinics.

STATE PERFORMANCE MEASURE # 5

The number of women who are screened for cervical cancer.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	100
Annual Indicator	98.1	96.7	17.1	9.9	20.2
Numerator	1,431	1,596	1,970	1,153	2,351
Denominator	1,458	1,650	11,547	11,594	11,642
Data Source					Health Planning.
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	30	35	40	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective				100	100
Annual Indicator		100.0	100.0	100.0	100.0
Numerator		395	435	445	461
Denominator		395	435	445	461
Data Source					MCH program survey.
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			80	85	85
Annual Indicator	87.1	77.9	82.6	82.6	85.3
Numerator	1,842	1,643	1,743	1,743	1,800
Denominator	2,115	2,110	2,110	2,110	2,110
Data Source					MOH
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MH

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	25	25	25
Annual Indicator	17.9	20.0	24.1	32.1	30.8
Numerator	27	33	38	51	47
Denominator	1,512	1,650	1,578	1,591	1,526
Data Source					Ministry of Health's Statistics Office
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	25	20	20	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN		0.0	0.0	0.0
Numerator	0		0	0	0
Denominator	0		1,578	1,591	1,526

Data Source

Ministry of Health's
Statistics Office

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	9	8	9	9	9
Annual Indicator	8.6	14.5	13.3	9.4	9.8
Numerator	13	24	21	15	15
Denominator	1,512	1,650	1,578	1,591	1,526

Data Source

Ministry of Health's
Statistics Office

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	9	7	7	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7	6	6	6	6
Annual Indicator	9.3	5.5	10.8	22.6	21.0
Numerator	14	9	17	36	32
Denominator	1,512	1,650	1,578	1,591	1,526

Data Source

Ministry of Health's
Statistics Office

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	18	18	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

The numbers of infant death was compiled by adding all the reported infant death in all the atolls of RMI. But a number of infant death was not registered as of this time. The Office of Health Planning and Statistics at don't have the details on the specific month of age. Registration is still on going.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	19	19	25
Annual Indicator	26.5	15.2	23.1	16.2	11.1
Numerator	40	25	37	26	17
Denominator	1,512	1,650	1,604	1,604	1,531

Data Source

Ministry of Health's
Statistics Office

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	21	20	20	20	100
Annual Indicator	80.8	92.8	101.1	105.0	68.9
Numerator	18	19	20	21	14
Denominator	22,281	20,478	19,783	20,006	20,313

Data Source

Ministry of Health's
Statistics Office

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	45	45	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator was derived from the 0-14 years old population from EPPSO. The number of live births for the year was deducted from 01-4 years old population data. For 2008, the 0-14 years old have 21,839 population.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator was derived from the 0-14 years old population from EPPSO. The number of live births for the year was deducted from 01-4 years old population data. For 2007, the 0-14 years old have 21,597 population.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Denominator was derived from the 0-14 years old population from EPPSO. The number of live births for the year was deducted from 01-4 years old population data. For 2006, the 0-14 years old have 21,361 population.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MH

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 11

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MH FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To continue to reduce infant mortality rates.
2. To reduce the rates of teen pregnancy.
3. To increase rates of prenatal visits during the first half of pregnancy(up to 5 months of pregnancy), "and" To increase the rate of prenatal during the first trimester (first 3 months) of pregnancy.
4. To reduce the rates of neonatal mortality and morbidity, "and" To reduce the infant mortality rates.
5. To increase access to preventive services for women who are at risk for cancer.
6. To reduce the rates of sexually transmitted diseases among women of child-bearing age.
7. To strengthen the Health Information System to provide essential data to strengthen health care services focusing on preventive services. Discontinued this needs as actual data is not easily available.
8. To improve accessibility to the MCH/CSHCN services for children 0-21 years and their families.
9. To improve preventive services for school children in dental services, immunization and nutrition education, "and" To improve preventive services for school children in dental care.
10. To develop and implement new born hearing screening .

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MH

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>9</u>	Tracking System/database	For better follow-up on clients/better service delivery for clients/monitoring and evaluation of clients receiving the service from MCH/CSHCN.	Assistant from HRSA regarding consultant/resource person (s).
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MH

SP # 1

PERFORMANCE MEASURE:

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

STATUS:

Active

GOAL

Increase to 90% mothers who receive nutriton and family planning counselling during prenatal care visits

DEFINITION

Numerator:

Total number of mothers who receive nutrition and family planning counseling during prenatal care visits

Denominator:

Total number of mothers who attend prenatal care clinics

Units: 100 **Text:** percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program, Outpatient prenatal care visits, Medical Records, HMIS

SIGNIFICANCE

Child hood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counselling on nutrition and family planning and their effects on their lives and the lives of their children.

SP # 2

PERFORMANCE MEASURE:

The birth rate(per 1,000) for teenagers age 15-17

STATUS:

Active

GOAL

To lower the birth rate among teenagers, especially those age 15 through 17 years.

DEFINITION

Numerator:

Number of live birth to teenagers aged 15-17 in the calender year.

Denominator:

Number of females aged 15-17 years int he calender year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 9-7

Reduce pregnancies among females aged 15-17 to no more than 10 per 1,000 females aged 15-17 years. Based line: 17 pregnancies per 1,000 females aged 15-17 years in 2004.

DATA SOURCES AND DATA ISSUES

Vital records are the source of data on mother's age and births. Population records are available from the Census.

SIGNIFICANCE

The country is making lowering the rate of teen pregnancies(a major threat to healthy and productive lives) a peiority goal in its strategic plan. Teen parenting is asociated with the lack of high school completion and initiating a cycle of poverty for mothers

SP # 3

PERFORMANCE MEASURE:

The Percentage of pregnant women who receive prenatal care during the first trimester.

STATUS:

Active

GOAL

To ensure early entrance into prenatal care to enhance pregnancy outcome.

DEFINITION

Numerator:

Number of live births with reported first prenatal visit during the first trimester (before 13 weeks = gestation) in the calendar year.

Denominator:

Number of live births in the State in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-16a: Increase proportion of pregnant women who receive early and adequate prenatal care beginning in the first trimester of pregnancy to 85 percent. (Baseline 32 percent in 2004.)

DATA SOURCES AND DATA ISSUES

Birth certificate data and the State vital records are available for over 99% of birth.

SIGNIFICANCE

Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reason for first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes.

SP # 4

PERFORMANCE MEASURE:

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

STATUS:

Active

GOAL

To identify expectant mothers who are at high risk for complications that could endanger their lives and their babies during their pregnancy or delivery.

DEFINITION

Numerator:

Total number of identified high risk women who are referred

Denominator:

The total number of high risk women who are identified

Units: 100 **Text:** per centage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program, Medical Records, HMIS

SIGNIFICANCE

The MCH program has seen an increasing number of pregnant women during prenatal visits who are at high risk for complications during their pregnancy or delivery. These high risks include expectant mothers being identified as anemic, diabetic, or hypertensive.

SP # 5

PERFORMANCE MEASURE:

The number of women who are screened for cervical cancer.

STATUS:

Active

GOAL

To increase the number of women who receives Pap smear screening so that those who need treatment and subsequent follow-up can be identified

DEFINITION

Numerator:

The total number of women who receive Pap smear screening

Denominator:

The total number of women who needs a Pap smear

Units: 100 **Text:** per centage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program, Family Planning, Outpatient data, HMIS, Medical Records

SIGNIFICANCE

With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

SP # 6

PERFORMANCE MEASURE:

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

STATUS:

Active

GOAL

To increase the number of children who are identified to need special health care needs to be referred to the Children with Special Health Care Needs program

DEFINITION

Numerator:

Total number of children identified as needing special health care needs who were referred to the CSHCN program

Denominator:

Total number of children identified with abnormalities needing special health care

Units: 100 **Text:** percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCN Program, Maternity Logs, Nursing Log, HMIS

SIGNIFICANCE

The Marshall Islands is in the process of developing a protocol on screening all infants born in the Ministry's health facilities and a mechanism to screen children in the urban centers and outer island communities

SP # 7

PERFORMANCE MEASURE:

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

STATUS:

Active

GOAL

To prevent pit and fissure tooth decay (dental caries).

DEFINITION

.

Numerator:

Number of third grade children who have a protective sealant on at least one permanent molar tooth.

Denominator:

Number of third grade children in the State during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21.8

Increase the proportion of children who have received dental sealants on their molar teeth to 50 percent. Baseline: will provide next cycle.

DATA SOURCES AND DATA ISSUES

This requires primary data collection, such as examination or screening of a representative sample of school children. Existing will be re-examed for baseline.

SIGNIFICANCE

Dental caries affects two-third of children by the time they are 15 years of age. Developmental irregularities, called pit and fissures, are the sites of 80-90% of childhood caries. Sealants selectively protect these vulnerable sites, which are found mostly in permanent molar teeth. Targeting sealants to those at greater risk for caries has been shown to increase their cost-effectiveness. Although sealants have the potential to combine with fluorides to prevent almost all childhood tooth decay, they have been underutilized. In addition to being an excellent service in preventing tooth decay, sealants may also be a surrogate indicator of dental access, oral health promotion and preventive activities, and a suitable means to assess the linkages that exist between the public and private services delivery system. public managed sealant programs are usually school-based or school-linked and target under served children, thus providing occasions that dental sealants are the oral health equivalent of immunization.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MH

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	595.3	239.3	181.1	123.2	83.9
Numerator	527	213	136	94	65
Denominator	8,853	8,900	7,508	7,632	7,748

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,584</u>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Not applicable to the RMI since RMI does not have Medicaid.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Not applicable to the RMI since RMI does not have Medicaid.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable to the RMI since we do not have Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,584</u>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

RMI doesn't have SCHIP.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

RMI don't have SCHIP.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

RMI don't have SCHIP.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	17.7	18.4	94.6	75.1	70.5
Numerator	280	302	1,555	1,188	1,076
Denominator	1,584	1,643	1,644	1,581	1,526

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

This is estimated, since the it is based only on Majuro Clinic log book and prenatal entry data.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>38.1</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>11,374</u>
Denominator	<u>22,281</u>	<u>23,906</u>	<u>29,800</u>	<u>29,900</u>	<u>29,816</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

RMI don't have Medicaid Program. After we submitted the grant, EPPSO submitted single age population for 2008. So for the year 2008, we are going to use this data.

The numerator is based on the first visit of children in Outpatient Services in Majuro Hospital and Ebeye Hospital.

For the Health Centers in the Outer Islands, the data are submitted monthly. We didn't include it at this time because the data for Majuro and Ebeye are computed yearly. We will work on our data uniform collection on the next year assessment.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

RMI don't have Medicaid Program. Number of children age 1 to 21 years old is estimated based on population for ages 0-24 years old. EPPSO, our planning and statistics office, can't give us specific data per age.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not applicable to the RMI since RMI does not have Medicaid Program.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>7,619</u>	<u>7,619</u>	<u>7,100</u>	<u>7,000</u>	<u>6,005</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 5-9. So for the age 6 to 9 years old, we estimated it based on the 5-9 years old data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 5-9. So for the age 6 to 9 years old, we estimated it based on the 5-9 years old data.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 5-9. So for the age 6 to 9 years old, we estimated it based on the 5-9 years old data.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,548</u>	<u>1,625</u>	<u>25,498</u>	<u>25,264</u>	<u>25,000</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 0-19. So for the age 0 to 16 years old, we estimated it based on the 0-19 years old data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 0-19. So for the age 0 to 16 years old, we estimated it based on the 0-19 years old data.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

RMI don't have EPSDT. For the denominator, EPPSO (our national population and planning office) don't have the population by single age. We have population data for ages 0-19. So for the age 0 to 16 years old, we estimated it based on the 0-19 years old data.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MH

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Other	0	13.8	13.8
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	0	47	47
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Other	0	70.5	70.5
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Other	0	70.5	70.5

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>100</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>10</u>) (Age range <u>11</u> to <u>18</u>) (Age range <u>19</u> to <u>22</u>)	2008	<u>100</u> <u>100</u> <u>100</u>
c) <i>Pregnant Women</i>	2008	<u>100</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>4</u>) (Age range <u>5</u> to <u>10</u>) (Age range <u>11</u> to <u>18</u>)	2008	<u>150</u> <u>150</u> <u>150</u>
c) <i>Pregnant Women</i>	2008	<u>150</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2010
Field Note:
RMI don't have MEDICAID. Since this page can't accept 0 value, I entered 100.
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2010
Field Note:
RMI don't have MEDICAID. Since this page can't accept 0 value, I entered 100.
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
RMI don't have MEDICAID. Since this page can't accept 0 value, I entered 100.
4. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2010
Field Note:
RMI don't have MEDICAID. Data source is from registered birth certificates.
5. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
RMI don't have MEDICAID. Data source is from registered death certificates.
6. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
RMI don't have MEDICAID. Data source came from the Reproductive Health Clinics.
7. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
RMI don't have MEDICAID. Data source came from Reproductive Health Clinics.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MH

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MH

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2010
Field Note:
RMI does not have WIC.
2. **Section Number:** Form19_Indicator 09B
Field Name: Other1_09B
Row Name: Other
Column Name:
Year: 2010
Field Note:
No others.
3. **Section Number:** Form19_Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2010
Field Note:
RMI don't have Medicaid.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MH

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	12.4	13.2	13.0	12.9	13.8
Numerator	188	214	205	206	210
Denominator	1,512	1,625	1,578	1,591	1,526

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>			
	2004	2005	2006	2007	2008
Annual Indicator	<u>10.9</u>	<u>12.6</u>	<u>12.7</u>	<u>12.8</u>	<u>13.0</u>
Numerator	<u>172</u>	<u>204</u>	<u>200</u>	<u>204</u>	<u>199</u>
Denominator	<u>1,584</u>	<u>1,625</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>				
		2004	2005	2006	2007	2008
Annual Indicator		<u>0.9</u>	<u>1.7</u>	<u>0.9</u>	<u>0.8</u>	<u>1.2</u>
Numerator		<u>13</u>	<u>28</u>	<u>14</u>	<u>12</u>	<u>18</u>
Denominator		<u>1,512</u>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.6</u>	<u>1.7</u>	<u>0.8</u>	<u>0.7</u>	<u>0.9</u>
Numerator	<u>9</u>	<u>28</u>	<u>12</u>	<u>11</u>	<u>14</u>
Denominator	<u>1,486</u>	<u>1,650</u>	<u>1,578</u>	<u>1,591</u>	<u>1,526</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>15.3</u>	<u>9.5</u>	<u>4.7</u>	<u>23.2</u>	<u>18.3</u>
Numerator	<u>5</u>	<u>2</u>	<u>1</u>	<u>5</u>	<u>4</u>
Denominator	<u>32,654</u>	<u>21,161</u>	<u>21,361</u>	<u>21,597</u>	<u>21,839</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>15.3</u>	<u>9.5</u>	<u>4.7</u>	<u>18.5</u>	<u>9.2</u>
Numerator	<u>5</u>	<u>2</u>	<u>1</u>	<u>4</u>	<u>2</u>
Denominator	<u>32,654</u>	<u>21,161</u>	<u>21,361</u>	<u>21,597</u>	<u>21,839</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

The denominator for FY 2007 is slightly lower than 2006 because of the new RMI total population figure.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>30.4</u>	<u>7.8</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>5</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>16,429</u>	<u>12,800</u>	<u>12,783</u>	<u>12,761</u>	<u>12,681</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>44.9</u>	<u>94.3</u>	<u>112.4</u>	<u>217.6</u>	<u>64.1</u>
Numerator	<u>5</u>	<u>20</u>	<u>24</u>	<u>47</u>	<u>14</u>
Denominator	<u>11,147</u>	<u>21,200</u>	<u>21,361</u>	<u>21,597</u>	<u>21,839</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>15.3</u>	<u>18.9</u>	<u>18.7</u>	<u>23.2</u>	<u>13.7</u>
Numerator	<u>5</u>	<u>4</u>	<u>4</u>	<u>5</u>	<u>3</u>
Denominator	<u>32,654</u>	<u>21,200</u>	<u>21,361</u>	<u>21,597</u>	<u>21,839</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Data 2006.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>30.4</u>	<u>23.4</u>	<u>39.1</u>	<u>15.7</u>	<u>15.8</u>
Numerator	<u>5</u>	<u>3</u>	<u>5</u>	<u>2</u>	<u>2</u>
Denominator	<u>16,429</u>	<u>12,802</u>	<u>12,783</u>	<u>12,762</u>	<u>12,681</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Based on 2006.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>2.2</u>	<u>169.2</u>	<u>13.0</u>	<u>2.8</u>	<u>5.8</u>
Numerator	<u>19</u>	<u>44</u>	<u>43</u>	<u>9</u>	<u>18</u>
Denominator	<u>8,822</u>	<u>260</u>	<u>3,304</u>	<u>3,189</u>	<u>3,083</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Test is available in Majuro Hospital only.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Test is available in Majuro Hospital only.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Test is available in Majuro Hospital only.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	10.3	144.9	12.3	2.4	4.6
Numerator	123	51	101	20	39
Denominator	11,972	352	8,242	8,405	8,559

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Test is available in Majuro Hospital only.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Testing is available in Majuro Hospital only.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Testing is available in Majuro Hospital only.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,526	0	0	0	0	1,526	0	0
Children 1 through 4	6,222	0	0	0	0	6,222	0	0
Children 5 through 9	7,196	0	0	0	0	7,196	0	0
Children 10 through 14	6,895	0	0	0	0	6,895	0	0
Children 15 through 19	6,319	0	0	0	0	6,319	0	0
Children 20 through 24	6,362	0	0	0	0	6,362	0	0
Children 0 through 24	34,520	0	0	0	0	34,520	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,526	0	0
Children 1 through 4	6,222	0	0
Children 5 through 9	7,196	0	0
Children 10 through 14	6,895	0	0
Children 15 through 19	6,319	0	0
Children 20 through 24	6,362	0	0
Children 0 through 24	34,520	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	4	0	0	0	0	4	0	0
Women 15 through 17	79	0	0	0	0	78	1	0
Women 18 through 19	170	0	0	0	0	167	3	0
Women 20 through 34	1,149	2	0	0	9	1,118	20	0
Women 35 or older	124	0	0	0	1	122	1	0
Women of all ages	1,526	2	0	0	10	1,489	25	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	4	0	0
Women 15 through 17	79	0	0
Women 18 through 19	170	0	0
Women 20 through 34	1,149	0	0
Women 35 or older	124	0	0
Women of all ages	1,526	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	47	0	0	0	0	47	0	0
Children 1 through 4	9	0	0	0	0	9	0	0
Children 5 through 9	3	0	0	0	0	3	0	0
Children 10 through 14	2	0	0	0	0	2	0	0
Children 15 through 19	4	0	0	0	0	4	0	0
Children 20 through 24	4	0	0	0	1	3	0	0
Children 0 through 24	69	0	0	0	1	68	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	47	0	0
Children 1 through 4	9	0	0
Children 5 through 9	3	0	0
Children 10 through 14	2	0	0
Children 15 through 19	4	0	0
Children 20 through 24	4	0	0
Children 0 through 24	69	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	28,158	0	0	0	0	0	0	28,158	2008
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2008
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2008
Number living in foster home care	0	0	0	0	0	0	0	0	2008
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2008
Number enrolled in WIC	0	0	0	0	0	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	28,158	0	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	2008
Number enrolled in SCHIP	0	0	0	2008
Number living in foster home care	0	0	0	2008
Number enrolled in food stamp program	0	0	0	2008
Number enrolled in WIC	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	28,158
Living in rural areas	0
Living in frontier areas	0
Total - all children 0 through 19	28,158

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	53,305.0
Percent Below: 50% of poverty	2.0
100% of poverty	56.0
200% of poverty	70.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	28,158.0
Percent Below: 50% of poverty	45.0
100% of poverty	100.0
200% of poverty	100.0

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
EPPSO don't have population by race. Pacific Islander is the major race in this population. For population less than 1 year, I based it on the live birth of 2008.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
EPPSO don't have population by race. Pacific Islander is the major race in this population.
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
EPPSO don't have population by race. Pacific Islander is the major race in this population.
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
EPPSO don't have population by race. Pacific Islander is the major race in this population.
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
EPPSO don't have population by race. Pacific Islander is the major race in this population.
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
EPPSO don't have population by race. Pacific Islander is the major race in this population.
7. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2010
Field Note:
EPPSO can't provide population by race.
8. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2010
Field Note:
EPPSO can't provide population by race.
9. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2010
Field Note:
EPPSO can't provide population by race.
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
Data is not available in EPPSO.
11. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
Not applicable for RMI.
12. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid

Column Name:

Year: 2010

Field Note:

RMI don't have Medicaid.

13. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2010

Field Note:

RMI don't have SCHIP.

14. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2010

Field Note:

We don't have food stamp program in RMI.

15. **Section Number:** Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name:

Year: 2010

Field Note:

RMI does not have or used metropolitan areas, instead, Rural, Urban, and Outer Islands are being used as for the country population distribution.

16. **Section Number:** Form21_Indicator 10

Field Name: Frontier

Row Name: Living in frontier areas

Column Name:

Year: 2010

Field Note:

RMI does not used fromtier areas, instead, Rural, Urban, and Outer Islands are being used as for population destribution.